

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



D.C. MEDICAL CARE ADVISORY COMMITTEE (MCAC)

Location: DHCF, 441 4th Street NW, Main Street Conference Room #1028, Wash., DC 20001

Wednesday, February 28, 2018

5:30 p.m. to 7:30 p.m.

Meeting Minutes

ATTENDEES:

MEMBERS:

Jacqueline Bowens, DCHA
Greg Banks, DDS (*Designee for AR*)
Sharra E. Greer, Children's Law Center
Maude Holt, DHCF
Jodi Kwarciany, DC Fiscal Policy Institute
Mark LeVota, DC Behavioral Health Assoc.
Judith Levy, DC Coalition on LTC
Trey Long, DHS (*Designee for LZ*)
Erin Loubier, Whitman-Walker Health
Dr. LaQuandra Nesbitt, DOH
Eva Ruiz, GW Cancer Center
Claudia Schlosberg, DHCF
Veronica Damesyn Sharpe, DCHCA
Tamara Smith, DCPA
Ron Swanda, Representing Seniors
Jim Wotring, DBH

GUESTS:

Bernard Arone, Amerigroup
Karen Shablin, FEI Systems
Colleen Sonosky, DHCF
Michael Bolling, DHCF
Tajh Goswami, Amerihealth
Karyn Wills, Trusted Health Plan
DaShawn Groves, DHCF
J.R. Myers, FEI Systems
A. Parker
Trina Dutta, DHCF
Carmelita White, DHCF
Emmanuel Akinleye, DHCF

MEMBERS VIA CONFERENCE LINE:

Christian Barrera (*Designee for LN*)
Guy Durant, Beneficiary
A. Seiji Hayashi
Heidi Schumacher (*Designee for HK*)

I. Call to Order/Approval of Minutes

Jacqueline Bowens (JB), MCAC Chair, called the meeting to order at 5:40 pm. JB called for a motion to approve the December 13th, 2017 MCAC meeting minutes. A motion was made, properly seconded, and the minutes were approved as written.

JB introduced and welcomed the newest member of the MCAC, Ms. Eva Ruiz. Ms. Ruiz is a patient navigator at the George Washington Cancer Center. She stated that she hopes to gain a better understanding of how everything works on this side.

II. Senior Deputy Director/Medicaid Director Report

- a. Claudia Schlosberg (CS) reported that President Trump has issued his budget on February 12th. Once again, we are seeing proposals to eliminate the Medicaid Expansion, and to move away from the traditional funding formula to per capita caps. The persistence of these proposals is something to which DHCF needs to pay attention. While it's unlikely that these proposals will get the support they need in Congress, the fact that they keep coming up repeatedly means DHCF must continue to be vigilant and continue to understand the need and opportunity to inform people about the importance of the Medicaid program and how it is funded. This new administration has also signaled to states its interest in entertaining new ways of delivering Medicaid services, and has supported state flexibility.
- b. Buprenorphine Induction Pilot – CS reported that DHCF is partnering with the Department of Health, Department of Behavioral Health, and the DC Hospital Association, working in conjunction with JB and a large coalition that she has put together to create some additional services to help individuals with opioid addiction in the District. Dr. Royster and Dr. Nesbitt are co-chairing an Opioid Strategy Group and there is also a monthly work group.

Trina Dutta (TD) shared information from the Region III SAMHSA Expanding Medication Assisted Treatment Partnership Summit she attended in December 2017. The summit featured state panelist-experts, nationally recognized hub and spoke experts, and the R3 HHS Opioid Task Force. The partnership summit showcased models to increase services for individuals seeking medication assisted treatment. At the end of the day each state/jurisdiction was called upon to develop a clear task for themselves. There were two (2) presentations that day regarding buprenorphine induction that started in the emergency department (ED). The programs that have started have had really good outcomes around people not falling back into opioid abuse, and getting stabilized, and are not visiting the emergency room (ER) for opioid use disorder issues. TD also stated that the District has committed to implementing a pilot around people visiting the ER.

- c. DHCF Budget – CS reported that DHCF just had its FY 17/18 Performance Oversight Hearing on Friday, February 23, 2018. CS thanked everyone that testified and participated at the hearing, and appreciated the positive comments. She stated that the agency takes seriously their concerns that have been raised. The Mayor has not yet released her budget. The budget will be coming out March 21, 2018. CS stated that DHCF would like to present the budget to the MCAC after the budget is released. She will have to coordinate the schedule with the agency director to find a date that works, then provide that date to the MCAC.
- d. State Health IT Plan – CS stated that Erin Holve (EH) and her team in the Health Care Reform and Innovation Administration (HCRIA) at DHCF have been working on the State Health IT Plan.

EH reported that CMS requires DHCF to submit a planning document for its investments in Health IT, which allows the opportunity to access 90/10 funding for investments in Health IT through the end of 2021 to build needed infrastructure. This will be a great opportunity to gather feedback from the public on those priorities laid out in the plan. The public comment period will kick off with a special session of the Health IT Policy Board. This will be happening sometime in April, and EH will ensure to notify the MCAC of the date once scheduled.

- e. SPA/Rules Report – CS reported that Alice Weiss (AW) has provided a copy of the SPA report for February (*a copy can be found on DHCF's website on the MCAC webpage*).
- f. MCO Transition – CS stated that DHCF did a re-procurement of the MCO contracts. Three (3) contracts were awarded. One of the incumbent contractors has filed a protest and will be going through the legal process. The agency has not been told to stop or pull back the procurement, and while there is a lot of legal activity going on, there is not yet final resolution.

CS also reported that the transition of beneficiaries from MedStar to the current MCOs is complete. DHCF is in the 2nd quarter of the contract period at this point, and MCOs are implementing their programs, conducting outreach to their enrollees to acquaint them to their services, and developing their networks.

III. Subcommittee Reports

Patient and Family Advisory Committee (PFAC) Update – EH reported that a proposal came from in the first preliminary meeting of the task force. Guy Durant (GD) will discuss that proposal following EH's report. She stated that a couple of months ago the MCAC raised a question about other opportunities for there to be more engagement and dialogue with patients, family members, and beneficiaries at the policy level. Task Force Members met and agreed to hold a couple of meetings with beneficiaries and care givers only to elicit some ideas and thoughts. The objective was to ask if there is an interest in another way of engaging patients, family members, etc. with the policy work that the Medicaid agency does. The next step is to follow-up with individuals who were unable to attend the first meeting and get feedback on whether there is an interest around engaging in other ways. Whether or not it's a formal committee, a subcommittee of the MCAC, or a whether it should be an ad hoc engagement around some projects, EH said that she would bring the findings back to the MCAC.

GD presented to the MCAC a proposal form regarding the Ombudsman Medicaid Cards. TD stated that the MCAC does not have a formal subcommittee of the PFAC, and that the MCAC could refer the proposal to one of the official subcommittees. There was extensive discussion regarding the redesign of the Medicaid Cards.

GD asked whether or not DHCF has the authority to redesign the Medicaid card, or do they have to collaborate with the MCOs to change it. Maude Holt (MH) stated that the MCOs have their own membership cards, and their cards are not connected to the Medicaid Cards.

MH made a motion to redesign the Medicaid Card, and to have the PFAC refer the proposal to the Access Subcommittee to be submitted to DHCF through the MCAC. The motion was properly seconded, and approved by the MCAC.

Access – Mark LeVota (ML) reported that the Access Subcommittee has not met since the last MCAC meeting. They have a proposed meeting date of March 26th at 5:00 pm.

Enrollment/Eligibility – Jody Kwarciany (JK) reported that the Enrollment and Eligibility Subcommittee met in December, and more recently last week. They discussed the recent CHIP authorization updates, and noted that there will be some small eligibility process changes for certain subgroups. She stated that the District continues to move along in its system transition from ACEDS to DCAS, most importantly Release 3 process is starting and is slated to begin this spring/early summer. Conversations continue regarding the new applications for the DC Healthcare Alliance Program; applications were intended to improve the screening process, but several providers and applicants have identified some concerns and issues that they are continuing to see with the use of the applications. This subject will be the bigger focus for the subcommittee to allow for recommendations to be brought to the table to ensure a good screening process, but bringing into account the applicant/beneficiary experience.

Health Systems Redesign – Tamara Smith (TS) reported that the Health Systems Redesign Subcommittee met on January 13th. They did a brief overview of MCAC purpose and function so that subcommittee members understand the role of the subcommittee in relationship to the MCAC. CS gave an update on where DHCF is with changes in affordable care, and provided an update on Telehealth. Jim Wotring (JW) gave a presentation on DBH's behavioral health priorities behavioral health integration, and shared some of DBH's plans regarding to the whole behavioral health service delivery system. The subcommittee has set a schedule to meet bi-monthly on the fourth Wednesday of the month.

Long Term Care Services and Supports – Judith Levy (JL) reported that the Long Term Care Services and Supports Subcommittee meetings are via conference call bi-monthly. They discussed PACE and a number of topics at the last meeting. JL stated that they met with DHCF staff to discuss reimbursements. She said that they are grateful that Katherine Rogers is working on PACE. The next meeting has not been scheduled as of yet. However, she would like to have another meeting prior to the budget meeting.

IV. New Business

MCAC Member Presentation – Tamara Smith (TS) gave a presentation regarding the FQHCs Clinically Integrated Network entitled “Coordinated Care to Increase Quality and Reduce Cost.” TS stated that the DC Primary Care Association, in partnership with the Federally Qualified Healthcare Centers (FQHCs), have been working together for the past couple of years to prepare

for shifts to value based payment, focus on quality improvement, care coordination, health outcome improvement, etc., and have been working and have formed the Clinically Integrated Network. This is an agreement of all seven (7) FQHCs to work together on providing coordinated care, transitions of care, and technology services for the Medicaid Managed Care population. These are initiatives that have been happening around the country, and DCPCA is very excited to be launching this in the District of Columbia.

TS stated that there are four (4) components to this strategy

- Health information technology and data analytics
- Hospital-based transition of care
- Expanded clinic access
- Standardized care management for complex health and social needs

She also discussed the goals and objectives; overview of the network; overview of DCPCA; overview of strategy; core interventions; overview of hospital-based transition of care intervention; and governance. *(The full slide deck can be found on DHCF's website under the MCAC webpage.)*

V. Opportunity for Public Comment

There being no public comment, JB moved to the next agenda item.

VI. Announcements

DHCF's Performance Oversight Hearing is scheduled for April 19th.

VII. Next MCAC Meeting

The next MCAC meeting is scheduled for Wed., April 25, 2018, 5:30 – 7:30 pm.

VIII. Adjournment

The meeting adjourned at 7:09 pm.